

ON-LINE UPDATE 1/13/04

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: RBRVS USERS: **Memorandum No.: 03-101 MAA**
Anesthesiologists **Issued:** December 30, 2003
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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Year 2004 Changes and Additions to CPT™ and HCPCS* Codes

Effective for dates of service on and after January 1, 2004, the Medical Assistance Administration (MAA) will begin using the Year 2004 CPT™ and HCPCS Level II code additions as discussed in this memorandum. Maximum allowable fees for the Year 2004 additions and 2004 Base Anesthesia Units (BAU) are also included.

Overview

- The attached “Schedule of Year 2004 Procedure Codes and Maximum Allowable Fees” reflect **only** the new 2004 BAU, CPT, and HCPCS codes.
- All procedure code maximum allowable fees and BAU not listed on the fee schedules or in this numbered memorandum remain at the July 1, 2003, amount.
- **Do not use** CPT and HCPCS codes that are deleted in the “Year 2004 CPT, book and the “Year 2004 HCPCS” book after December 31, 2003.

* CPT stands for Current Procedural Terminology
HCPCS stands for Healthcare Common Procedure Coding System

Maximum Allowable Fees and BAU

MAA used the following resources in determining the maximum allowable fees and BAU for the Year 2004 additions:

- Year 2004 Medicare Physician Fee Schedule Data Base (MPFSDB) relative value units;
- Year 2004 Washington State Medicare Laboratory Fee Schedule; and
- Current conversion factors.



Note: Due to its licensing agreement with the American Medical Association regarding the use of CPT codes and descriptions, MAA publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

Deleted CPT and HCPCS Modifiers

There are no deleted CPT or HCPCS modifiers for 2004.

New 2004 HCPCS Modifiers

Many new modifiers were added in the 2004 HCPCS book. MAA will accept all of these modifiers as informational only. Modifier descriptions may be viewed in the 2004 HCPCS book. MAA may require inclusion of some of the modifiers for payment purposes. MAA will notify providers in future memorandums when a modifier is required for payment purposes.

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Deleted CPT and HCPCS Codes

The following codes have been deleted from the CPT and HCPCS books:

0002T	89252	99561	J1910	Q9929
0025T	89256	99562	J2000	Q9930
00544	89350	99563	J2352	Q9931
36534	89355	99564	J7508	Q9932
36488	89360	99565	J9180	Q9933
36489	89365	99566	Q0086	Q9934
36490	89399	99567	Q0184	Q9935
36491	90659	99568	Q2010	Q9936
36493	99539	99569	Q4052	Q9937
36530	99539	A4644	Q4053	Q9938
36531	99551	A4645	Q4078	Q9939
36532	99552	A4646	Q9920	Q9940
36533	99553	A9518	Q9921	S0009
36535	99554	G0167	Q9922	S0079
36536	99555	G0236	Q9923	S0124
36537	99556	G0262	Q9924	S0130
47134	99557	G0272	Q9925	S0135
61862	99558	G0273	Q9926	S0193
76085	99559	G0274	Q9927	Q9929
76490	99560	J0151	Q9928	

Corrected online only since original posting

Procedures Requiring Expedited Prior Authorization

The following new procedures require Expedited Prior Authorization (EPA) using the 3-digit EPA criteria codes listed:

CPT Code	Brief Description	EPA Criteria Code
70557	Magnetic resonance imaging, brain	310
70558	Magnetic resonance imaging, brain	310
70559	Magnetic resonance imagine, brain	310
G0296	PET imge restag thyrod cancer	395

For complete details on EPA requirements and instructions for creating an EPA number, please refer to the Authorization Section (section I) of MAA's [Physician-Related Services Billing Instructions](#), revised replacement pages dated July 2002.

New Place of Service Codes

Below is the list of the new place of service codes:

Place of Service Code	Description	Facility	Non-Facility
11	Office		X
12	Adult Family Homes		X
12	Clients Private Residence		X
13	Assisted Living		X
21	Inpatient Hospital	X	
22	Outpatient Hospital	X	
23	Emergency Room Hospital	X	
24	Ambulatory Surgical Center	X	
25	Birthing Center	X	
26	Military Treatment Facility	X	
31	Skilled Nursing Facility	X	
32	Nursing Facility		X
33	Custodial Care Facility		X
34	Hospice	X	
50	Federally Qualified Health Center		X
51	Inpatient Psychiatric Facility	X	
52	Psychiatric Facility Partial Hospitalization	X	
53	Community Mental Health Center	X	
54	Intermediate Care Facility/Mentally Disabled		X
55	Residential Substance Abuse Treatment Facility		X
56	Psychiatric Residential Treatment Facility	X	
61	Comprehensive Inpatient Rehabilitation Facility	X	
62	Comprehensive Outpatient Rehabilitation Facility	X	
65	End State Renal Disease Treatment Facility		X
71	State or Local Public Health Clinic		X
72	Rural Health Clinic		X
81	Independent Laboratory		X
99	Other Unlisted Facility	X	

Anesthesia

Pain Management and Other Services

CPT codes **64449, 64517, and 64681** have been added to those codes that anesthesiologists may bill for pain management.

These procedures are paid using the RBRVS methodology, not using anesthesia base units and time. **Do not use anesthesia modifiers when billing for these services.** If an anesthesia modifier is used with one of these codes, the claim will be denied.



Note: These codes are limited to two (2) units during the postoperative period while the client is admitted to the hospital.

Radiology

Contrast Material

The following new HCPCS codes have been established for contrast materials for nuclear medicine procedures. MAA will reimburse these supplies at acquisition cost.

HCPCS Code	Brief Description	1/1/04 Maximum Allowable Fee
A9525	Supply of low or iso-osmolar contrast material-iodine	Acquisition Cost
A9526	Supply of radiopharmaceutical diagnostic imaging agent-Ammonia	Acquisition Cost
A9528	Supply of radiopharmaceutical diagnostic imaging agent-sodium iodide capsule	Acquisition Cost
A9529	Supply of radiopharmaceutical diagnostic agent-sodium iodide solution	Acquisition Cost
A9530	Supply of radiopharmaceutical therapeutic agent-sodium iodide solution	Acquisition Cost
A9531	Supply of radiopharmaceutical diagnostic agent, per microcurie	Acquisition Cost
A9532	Supply of radiopharmaceutical therapeutic agent-serum albumin	Acquisition Cost
A9533	Supply of radiopharmaceutical diagnostic imaging agent-tositumomab	Acquisition Cost
A9534	Supply of radiopharmaceutical therapeutic imaging agent-tositumomab	Acquisition Cost

Invoice must be attached to claim form for supplies over \$50.00.

Laboratory

Stat Laboratory Changes

MAA has added new CPT and HCPCS laboratory codes **84157, 85396, G0306, and G0307** to those that may be billed with an additional stat charge.

Laboratory Panels Changes

The following **bolded** component tests were added to existing lab panels.

Lab Panels	Brief Description	Component Tests
80050	General Health Panel	80053, (85025 or 85027 and 85004) or (85007 or 85009)
80055	Obstetric Panel	(85025 or 85027 and 85004) or (85007 or 85009), 87340, 86762, 86592, 86850, 86900, 86901

Family Planning

Coding Changes

The following HCPCS code has been established for the contraceptive NuvaRing[®]:

HCPCS Code	Brief Description	1/1/04 Maximum Allowable Fee
J7303	Contraceptive supply, hormone-containing vaginal ring, each	\$40.19

Corrected 1/13/04. This contraceptive may be dispensed from a family planning clinic only; all other providers must write a prescription for this contraceptive and have the client obtain it from a pharmacy.

Injectable Drug Updates

Self Administered Drugs

MAA limits reimbursement for HCPCS code J1825 (Avonex) to **one date of service** for the purpose of teaching the patient to inject this self-administered drug.

Vaccines

- **Retroactive to November 15, 2003**, MAA will reimburse providers for the new preservative-free flu vaccines using CPT codes 90655 and 90656. However, the new 2004 CPT books were inadvertently printed without the description of procedure code 90656. Below are descriptions of CPT codes 90655 and 90656:

CPT Code	Description
90655	Influenza virus vaccine, split virus, preservative-free, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative-free, for use in individuals 3 years of age and above, for intramuscular use

These vaccines are available at no cost from the Department of Health (DOH) through the Vaccines for Children Program. **Providers must use modifier SL when billing for these vaccines.** MAA will pay an administration fee only for these vaccines.

- **Effective January 1, 2004**, MAA will reimburse providers for the live, intranasal flu vaccine using CPT code 90660. MAA covers CPT code 90660 for clients ages 5-49 only.
- **Effective January 1, 2004**, the AMA released new CPT code 90698 for the DTaP-Hib-IPV combination vaccine. MAA will not reimburse providers for the combination vaccine since the separate vaccines are available at no cost from DOH through the Vaccines for Children Program. Providers should contact the local health department regarding future availability of the new combination vaccine through the Vaccine for Children Program.

Synagis

Retroactive to dates of service on and after December 1, 2003, MAA increased the maximum allowable fee for Synagis:

CPT Code	Brief Description	12/01/03 Maximum Allowable Fee	Restrictions
90378	Respiratory syncytial virus immune globulin; intramuscular	\$623.63 (per 50 mg)	PA is not required for clients 11-months of age and younger from December 1 through April 30. PA is required for all other time periods and for all other age groups.

Documentation Requirements for Unlisted Drug Codes

Retroactive to dates of service on and after July 1, 2003, providers who bill MAA using unlisted drug HCPCS codes J3490 and J9999 must list the following on the claim form:

- The 11-digit National Drug Code (NDC) of the drug administered; and
- The dose of the drug administered.



Note: MAA no longer requires the name and strength of the drug be listed on the claim form when billing using unlisted drug HCPCS codes J3490 or J9999.

Clozaril Case Management

Use CPT code 90862 to bill for Clozaril case management. Payment for Clozaril case management is limited to those diagnoses MAA has determined to be medically necessary. MAA has determined that ICD-9 diagnoses 295-295.9 (schizophrenic disorders) are medically necessary.

Injectable Drugs Limitations

In certain circumstances, MAA limits some procedures and/or injectable drugs given in a physician's office to only those diagnoses or provider types MAA determines to be medically necessary. Limitations to the new injectable drug codes are listed below:

Procedure Code	Brief Description	Limitation
J1595	Injection, glatiramer acetate, 20 mg	Restricted to ICD-9 340 (multiple sclerosis)
J3465	Injection, voriconazole, 10 mg	Restricted to ICD-9 117.3 (aspergillus)
Q4077	Injection, treprostinil, 1 mg	Restricted to ICD-9 416-416.9 (pulmonary hypertension)
S0115	Bortezomib, 3.5 mg	Restricted to ICD-9 203.00-203.01 (multiple myeloma)
S0139	Minoxidil, 10 mg	Restricted to ICD-9 401-401.9 (hypertension)

Injectable Drug Maximum Allowable Fee Changes

MAA has updated its injectable drug pricing for several drugs. These updates will be posted quarterly to MAA's website at: <http://maa.dshs.wa.gov>. Click on Provider Publications/Fee Schedules, then Fee Schedules. Only those drugs with price changes will be posted quarterly. All other drugs remain at MAA's last published price.

Colonoscopy

Per Medicare guidelines, MAA's payment for the following two procedures for colonoscopies will be reduced to the following levels when billed with modifier 53 (discontinued procedure) is:

HCPCS/Modifier	Brief Description	1/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
G0105-53	Colorectal cancer screen; high risk	\$64.38	\$34.35
G0121-53	Colorectal cancer screen; not high risk	\$64.38	\$34.35

Technical Changes and Corrections

- MAA routinely corrects pricing errors online only (correction noted in yellow highlighting). Please check MAA's website at <http://maa.dshs.wa.gov> often for these corrections.
- MAA no longer covers CPT codes 17360 and 17380.
- **Retroactive to July 1, 2003**, MAA covers CPT code 11980 when billed with medically necessary diagnoses 257.2 (hypogonadism) and 174-174.9 (breast cancer).
- **Retroactive to July 1, 2003**, MAA covers CPT code 93012.
- **Retroactive to January 1, 2003**, MAA covers the administration of Zoladex[®] when billed using CPT code 96400.
- **Effective January 1, 2004**, CPT codes 21195, 21196, and 21120 require prior authorization.

RBRVS Fee Schedule

The RBRVS maximum allowable fees and anesthesiology base units for CPT and HCPCS codes will be incorporated into the fee schedule when the RBRVS is updated in July 2004.

To obtain this numbered memorandum and fee schedules electronically go to MAA's website at <http://maa.dshs.wa.gov> (Provider Publications/Fee Schedules link, then select Numbered Memorandums).